

ARIZONA STATE BOARD OF ACCOUNTANCY

100 North 15th Avenue, Suite 165

Phoenix, Arizona 85007

Phone 602-364-0804

Facsimile 602-364-0903



AFFIDAVIT

STATE OF _____)
)
COUNTY OF _____)
)

I, _____ hereby certify that I am on permanent disability and do not perform any accounting services, including recording and summarizing of financial transactions, analyzing and verifying financial information, reporting of financial results to an employer, clients or other persons and the rendering of tax and management advisory services to an employer, clients or other persons.

I understand that before I can perform any accounting services, I must notify the Board and shall complete 80 credit hours of CPE (60 credit hours if not in public accounting) in the two-year period prior to performing any accounting services. Refer to R4-1-453 for CPE regulations.

Name

Address

City

State

Zip Code

DATE: _____

SUBSCRIBED and sworn to before me this _____ day of _____, 20____.

Notary Public

My commission expires: _____